

**Fill in this information to identify the case:**

Debtor name Riverside General Hospital, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-30603

☒ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>Unknown</b>	<b>\$0.00</b>

**2.1**

**Creditor's name**  
**A Rocket Storage**

**Describe debtor's property that is subject to a lien**

**Creditor's mailing address**  
**3401 Corder St**

**Medical Records and miscellaneous items**

**Describe the lien**

**Agreement**

**Houston TX 77021**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Creditor's email address, if known**

**Is anyone else liable on this claim?**

- ☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

**As of the petition filing date, the claim is:**  
Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.****\$24,434,654.13**

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

<b>2.2</b>	<b>Creditor's name</b> <u>Beckman Coulter, Inc</u>  <b>Creditor's mailing address</b> <u>c/o Bernstein-Burkley, P.C.</u> <u>707 Grant St. Ste 2200, Gulf Tower</u>  <u>Pittsburgh</u> <u>PA</u> <u>15219</u> <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____ <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Real Property</u> <b>Describe the lien</b> <u>Judgment Lien</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$384,424.28</u>	<u>\$384,424.28</u>
<b>2.3</b>	<b>Creditor's name</b> <u>Briar Capital</u>  <b>Creditor's mailing address</b> <u>1500 City W. Blvd</u>   <u>Houston</u> <u>TX</u> <u>77042</u> <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____ <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>Casa</u> <b>Describe the lien</b> <u>Agreement</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$3,962,162.44</u>	<u>\$3,962,162.44</u>

Debtor **Riverside General Hospital, Inc.**Case number (if known) **16-30603****Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

<b>2.4</b>	<b>Creditor's name</b> <b>Cleveland ISD</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Liberty County Property</b>	<b>\$7,515.68</b>	<b>\$584,060.00</b>
	<b>Creditor's mailing address</b> <b>PO Box 3064</b>	<b>Describe the lien</b> <b>Ad Valorem Taxes - Secured</b>		
	<b>Houston TX 77253</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b>			
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			
<b>2.5</b>	<b>Creditor's name</b> <b>Dixon Financial Services, LTD</b>	<b>Describe debtor's property that is subject to a lien</b> <b>All personal property of the Debtor</b>	<b>\$7,912,031.17</b>	<b>\$7,560,251.00</b>
	<b>Creditor's mailing address</b> <b>George O. Mejlaender</b>	<b>Describe the lien</b> <b>Secured Debt</b>		
	<b>PO Box 801261</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Houston TX 77280</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Creditor's email address, if known</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Date debt was incurred</b>			
	<b>Last 4 digits of account number</b>			
	<b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <b>1) Dixon Financial Services, LTD;</b> <b>2) Federal Emergency Management Agency; 3) Harris County et al.</b> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

<b>2.6</b>	<b>Creditor's name</b> <u>Federal Emergency Management Agency</u>  <b>Creditor's mailing address</b> <u>500 C Street S.W.</u>  <u>Washington DC 20472</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b>   <b>Last 4 digits of account number</b>   <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b> <u>FEMA Funds</u>  <b>Describe the lien</b> <u>Secured Debt</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$5,000,000.00</u>	<u>\$5,000,000.00</u>
<b>2.7</b>	<b>Creditor's name</b> <u>Galveston County</u>  <b>Creditor's mailing address</b> <u>Linebarger Goggan Blair &amp; Sampson LL</u> <u>P.O. Box 3064</u>  <u>Houston TX 77253-3064</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b>   <b>Last 4 digits of account number</b>   <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b>   <b>Ad Valorem Taxes</b>  <b>Describe the lien</b> <u>PROPERTY TAX</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$160.89</u>	<u>\$160.00</u>



Debtor **Riverside General Hospital, Inc.**Case number (if known) **16-30603****Part 1: Additional Page**

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*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

<b>2.9</b>	Creditor's name <b>Harris County et al</b>	Describe debtor's property that is subject to a lien	<u><b>\$824,940.37</b></u>	<u><b>\$19,566,188.00</b></u>
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Creditor's mailing address  
**Linebarger Goggan Blair & Sampson LL**  
**P.O. Box 3064**

**Ad Valorem Taxes**

Describe the lien

**PROPERTY TAX****Houston TX 77253-3064**

Is the creditor an insider or related party?

☒ No☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

Last 4 digits of account  
number

As of the petition filing date, the claim is:

Check all that apply.

Do multiple creditors have an interest in  
the same property?☐ No☒ Yes. Have you already specified the  
relative priority?☐ Contingent☐ Unliquidated☐ Disputed☒ No. Specify each creditor, including this  
creditor, and its relative priority.

**For 3204 Ennis St. Houston,  
 Texas 77004-3213: See 2.5. For  
 3217 Anita St. Houston, Texas  
 77004: 1) Houston Liens; 2)  
 Harris County et al. For 4514  
 Lyons Ave. Houston, Texas  
 77020: 1) Harris County et al. For  
 2802 Live Oak, Houston, Texas  
 77004: 1) Harris County et al. For  
 2711 Live Oak Houston, Texas  
 77004: 1) Harris County et al. For  
 2918 Rosalie St. Houston, Texas  
 77004: 1) Harris County et al. For  
 3213 Delano St. Houston, Texas  
 77004: 1) Harris County et al. For  
 3215 Delano St. Houston, Texas  
 77004: 1) Harris County et al. For  
 3103 Paige St. Houston, Texas  
 77004: 1) Harris County et al. For  
 3204 Paige St. Houston, Texas  
 77004: 1) Harris County et al. For  
 2829 Holman St. Houston, Texas  
 77002: 1) Harris County et al. For  
 3005 Holman St. Houston, Texas  
 77004: 1) Harris County et al. For  
 3002 Holman St. Houston, Texas  
 77004: 1) Harris County et al. For  
 3020 Holman St. Houston, Texas  
 77004: 1) Harris County et al. For  
 0 Chisom St. Houston, Texas  
 77004: 1) Harris County et al. For  
 0 Chisom St. Houston, Texas  
 77004: 1) Harris County et al. For  
 0 Elgin, Houston, Texas 77004: 1)  
 Harris County et al.**

☐ Yes. The relative priority of creditors is  
specified on lines

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

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*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

<b>2.10</b>	<b>Creditor's name</b> <u>HISD</u>  <b>Creditor's mailing address</b> <u>Linebarger Gogan Blair &amp; Sampson</u> <u>1300 Main Street, Suite 300</u>  <u>Houston TX 77002</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>Describe debtor's property that is subject to a lien</b>  <b>Property Taxes</b> <b>Describe the lien</b> <u>Judgment Lien</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
<b>2.11</b>	<b>Creditor's name</b> <u>Houston Liens</u>  <b>Creditor's mailing address</b> <u>Linebarger Goggan Blair &amp; Sampson LL</u> <u>P.O. Box 3064</u>  <u>Houston TX 77253-3064</u>  <b>Creditor's email address, if known</b>   <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.9</u>	<b>Describe debtor's property that is subject to a lien</b>  <b>Ad Valorem Taxes</b> <b>Describe the lien</b> <u>PROPERTY TAX</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$446.73</b>	<b>\$55,000.00</b>

Debtor **Riverside General Hospital, Inc.**Case number (if known) **16-30603****Part 1: Additional Page**

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*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

<b>2.12</b>	<b>Creditor's name</b> <b>Internal Revenue Service</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>Debtor's right, title, and interest to property</b>  <b>Describe the lien</b> <b>Taxes</b>	<u><b>\$2,063,670.30</b></u>	<u><b>\$2,063,670.30</b></u>
	<b>Creditor's mailing address</b> <b>P.O. Box 7346</b>			
	<b>Philadelphia PA 19101-7346</b>			
	<b>Creditor's email address, if known</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Date debt was incurred</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Last 4 digits of account number</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			
<b>2.13</b>	<b>Creditor's name</b> <b>JLE Investors</b>	<b>Describe debtor's property that is subject to a lien</b>  <b>3204 Ennis</b> <b>Describe the lien</b> <b>Agreement</b>	<u><b>\$1,135,212.02</b></u>	<u><b>\$1,135,212.02</b></u>
	<b>Creditor's mailing address</b> <b>710 Post Oak</b>			
	<b>208</b>			
	<b>Houston TX 77024</b>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	<b>Creditor's email address, if known</b>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	<b>Date debt was incurred</b>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	<b>Last 4 digits of account number</b>			
	<b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines			





Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

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*Column A*  
**Amount of claim**  
 Do not deduct the  
 value of collateral.

*Column B*  
**Value of collateral  
 that supports  
 this claim**

**2.16****Creditor's name**Texas workforce commission**Describe debtor's property that is  
subject to a lien**\$27,856.21\$27,856.21**Creditor's mailing address**Regulatory Integrity Division- SAU**Tax Lien****Describe the lien**101 E. 15th St., Room 556Unemployment TaxesAustin TX 78778-0001**Is the creditor an insider or related party?**☒ No☐ Yes**Creditor's email address, if known****Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Date debt was incurred****Last 4 digits of account  
number****As of the petition filing date, the claim is:**

Check all that apply.

**Do multiple creditors have an interest in  
the same property?**☒ No☐ Yes. Have you already specified the  
relative priority?☐ Contingent☐ Unliquidated☐ Disputed☐ No. Specify each creditor, including this  
creditor, and its relative priority.☐ Yes. The relative priority of creditors is  
specified on lines \_\_\_\_\_**2.17****Creditor's name**Triple 8 Venture Corp.**Describe debtor's property that is  
subject to a lien**\$2,500,000.00\$2,500,000.00**Creditor's mailing address**c/o Alan R. Scheinthal3204 Ennis**Describe the lien**Scheinthal & Kouts, LLPSecured Debt4635 Southwest Frwy., Suite 720**Is the creditor an insider or related party?**☒ No☐ YesHouston TX 77027**Creditor's email address, if known****Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**Date debt was incurred****Last 4 digits of account  
number****As of the petition filing date, the claim is:**

Check all that apply.

**Do multiple creditors have an interest in  
the same property?**☒ No☐ Yes. Have you already specified the  
relative priority?☐ Contingent☐ Unliquidated☒ Disputed☐ No. Specify each creditor, including this  
creditor, and its relative priority.☐ Yes. The relative priority of creditors is  
specified on lines \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor Riverside General Hospital, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) 16-30603

☒ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim	Priority amount
<u>\$130,943.00</u>	<u>\$12,475.00</u>

**2.1 Priority creditor's name and mailing address**

Bevona Fairman

9663 Santa Monica Blvd.

Suite 1287

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Beverly Hills CA 90210

Basis for the claim:

Salary and Wages for Services Performed

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 4 )

**2.2 Priority creditor's name and mailing address**

Gwendolyn Reed

2123 Pepperglen Court

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Missouri City TX 77489

Basis for the claim:

Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 4 )

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim      Priority amount

**2.3** Priority creditor's name and mailing addressIda Dewberry10815 Bradford Way DriveHouston TX 77075

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account  
number    \_ \_ \_ \_Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 4 )As of the petition filing date, the  
claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Unsecured Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$33,240.00      \$12,475.00**2.4** Priority creditor's name and mailing addressInternal Revenue ServiceP.O. Box 7346Philadelphia PA 19101-7346

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account  
number    \_ \_ \_ \_Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 8 )As of the petition filing date, the  
claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Taxes

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$6,577,287.61      \$6,577,287.61**2.5** Priority creditor's name and mailing addressNikki Trigg11900 Oak Moore Parkway, Unit 335Houston TX 77051

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account  
number    \_ \_ \_ \_Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a)( 4 )As of the petition filing date, the  
claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Unsecured Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$1,354.28      \$1,354.28

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim      Priority amount

**2.6** Priority creditor's name and mailing addressAs of the petition filing date, the claim is: *Check all that apply.*\$3,867.50      \$3,867.50Oluwaseun A. Akibola

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

9700 Court Glen Dr.Apt 2305

Basis for the claim:

Houston TX 77099Salary and Wages

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number                         

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 4 )**2.7** Priority creditor's name and mailing addressAs of the petition filing date, the claim is: *Check all that apply.*\$3,419.22      \$3,419.22Vivian Grant

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

PO Box 146

Basis for the claim:

Missouri City TX 77459Unsecured Debt

Date or dates debt was incurred

Is the claim subject to offset?

Last 4 digits of account number                         

- ☒ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)( 4 )

Debtor **Riverside General Hospital, Inc.**Case number (if known) **16-30603****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address <b>A-Affordable Vacuum Service</b> <b>7039 Burkett Street</b>  <b>Houston TX 77021</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$182.00</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address <b>Abbott Laboratories</b> <b>100 Abbott Park Road</b>  <b>Abbott Park IL 60064-3500</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$662.08</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address <b>Absolute Meter Services</b> <b>10314 Sagetrail Drive</b>  <b>Houston TX 77089</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$202.82</b>
<div style="border: 1px solid black; padding: 2px; width: 40px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address <b>AC Contractors</b> <b>13111 Cottingham Street</b>  <b>Houston TX 77048</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,702.75</b>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address  <u>Advantage Office Products</u> <u>5722 Bingle Road, Suite B</u>  <u>Houston</u> <u>TX</u> <u>77092</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,391.51</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address  <u>Affordable Environmental, Inc.</u> <u>12322 WA-99, Suite 99</u>  <u>Everett</u> <u>WA</u> <u>98204</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,785.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address  <u>Alarm Master Corporation</u> <u>10615 Rockley Road</u>  <u>Houston</u> <u>TX</u> <u>77099</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$188.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address  <u>All American Air Works</u> <u>P. O. Box 1000</u>  <u>Sophia</u> <u>WV</u> <u>25921-1000</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,125.32</u>

Debtor **Riverside General Hospital, Inc.**Case number (if known) **16-30603****Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address  <b>Alpha Electric Company</b> <b>901 W. 18th Street</b>   <b>Houston TX 77008</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,740.73</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address  <b>American Family Life Assurance</b> <b>AFLAC</b> <b>917 Brown Avenue</b>   <b>Columbus GA 31906</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,092.77</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address  <b>American Physicians and Supply</b> <b>c/o Stephen W. Lemmon</b> <b>Sheinfeld Maley &amp; Kay</b> <b>3700 First City Tower</b> <b>Houston TX 77002</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,225.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address  <b>Arrow International</b> <b>2400 Bernville Road</b>   <b>Reading PA 19605</b>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Unsecured Debt</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$937.84</b>



Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address  <u>Automatic Data Processing</u> <u>4822 Martin Luther King Jr. Blvd.</u>  <u>Houston</u> <u>TX</u> <u>77021</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,210.56</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address  <u>Bank of New York Mellon</u> <u>1000 Louisiana Street</u>  <u>Houston</u> <u>TX</u> <u>77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$26,341.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address  <u>Beckman Instruments Inc</u> <u>c/o Jim D. Hamilton</u> <u>Twentieth Floor, Coastal Tower</u> <u>Nine Greenway Plaza</u> <u>Houston</u> <u>TX</u> <u>77046</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,171.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address  <u>Bennie Thomas</u> <u>c/o Patricia R. Saum</u> <u>Jann Scherbarth &amp; Associates</u> <u>One West Loop South, Suite 700</u> <u>Houston</u> <u>TX</u> <u>77027</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,000.00</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address  <u>Beta Tech Inc</u> <u>16810 Barker Springs Road, Suite 204</u>  <u>Houston</u> <u>TX</u> <u>77084</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,154.83</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address  <u>Bio-Rad Laboratories Inc.</u> <u>1000 Alfred Nobel Drive</u>  <u>Hercules</u> <u>CA</u> <u>94547</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,392.46</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address  <u>Biomedical Waste Solutions, LLC</u> <u>1100 Main</u>  <u>Houston</u> <u>TX</u> <u>77002</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$214.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address  <u>Bonner, Cora</u> <u>c/o H. Howard Schmerin</u> <u>2650 Fountain View, Suite 132</u>  <u>Houston</u> <u>TX</u> <u>77057</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$98,741.00</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address <u>Canfield Funding LLC</u> <u>c/o Fred Wahrlich</u> <u>Floyd, Isgur, Rios &amp; Wahrlich, P.C.</u> <u>700 Louisiana, Suite 4600</u> <u>Houston TX 77002-2732</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$90,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address <u>Centech Communication Company</u> <u>10039 Bissonnet Street</u> _____ <u>Houston TX 77036</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,346.95</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address <u>Centerpoint Energy</u> <u>P. O. Box 4981</u> _____ <u>Houston TX 77210-4981</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,107.11</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address <u>Christus St. Joseph Hospital</u> <u>c/o Leon E. Pegg</u> <u>Holloway &amp; Gumbert</u> <u>3701 Kirby Drive, Suite 1288</u> <u>Houston TX 77098</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Unsecured Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$52,294.00</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address <u>City of Houston</u> <u>c/o Linebarger Goggan Blair &amp; Sampson</u> <u>1300 Main, Suite 300</u>  <u>Houston</u> <u>TX</u> <u>77002</u> Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$12,700.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address <u>City of Houston Water</u> <u>4200 Leeland Street</u>  <u>Houston</u> <u>TX</u> <u>77023</u> Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$38,268.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address <u>College of American Pathologists</u> <u>13501 I Street NW Suite 590</u>  <u>Washington</u> <u>DC</u> <u>20005</u> Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,976.57</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address <u>Comcast</u> <u>1 Comcast Center</u>  <u>Philadelphia</u> <u>PA</u> <u>19103</u> Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$147.55</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address  <u>Daniels Sharpmart Inc.</u> <u>111 W. Jackson Blvd., Suite 720</u>  <u>Chicago</u> <u>IL</u> <u>60604</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$439.85</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address  <u>Danka Funding Company Inc.</u> <u>c/o Glen A. Nordt</u> <u>Coats Rose Yale Ryman &amp; Lee, P.C.</u> <u>1001 Fannin Street</u> <u>Houston</u> <u>TX</u> <u>77002-6707</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$269,793.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address  <u>Dawson Chemical &amp; Janitorial</u> <u>6010 Irvington Blvd.</u> <u>Houston, Texas 7709</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$18,167.69</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address  <u>Dennis Lewis</u> <u>c/o William H. Watson</u> <u>Ballard &amp; Watson</u> <u>24 Greenway Plaza, Suite 1506</u> <u>Houston</u> <u>TX</u> <u>77046</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$51,000.00</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address  <u>Drug Enforcement Administration</u> <u>1433 W. Loop South, Suite 600</u>  <u>Houston TX 77027</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$244.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address  <u>Emdeon Business Service</u> <u>100 N. Byrne Road</u>  <u>Toledo OH 43607</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,600.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address  <u>Epstein Baker &amp; Green, PC</u> <u>One Gateway Center</u> <u>Newark, NJJ 07102</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Legal Services Rendered</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$362,094.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address  <u>Estill Affiliates LLC</u> <u>c/o Wendle Van Smith</u> <u>One Arena Place</u> <u>7322 Southwest Frwy., Suite 2010</u> <u>Houston TX 77074</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$229,399.00</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address  <u>Ethel Austin</u> <u>c/o G. Scott Fiddler</u> <u>5959 West Loop South, Suite 150</u>  <u>Bellaire</u> <u>TX</u> <u>77401</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$294,839.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address  <u>Fasthealth Corporation</u> <u>101 23rd Avenue</u>  <u>Tuscaloosa</u> <u>AL</u> <u>35401</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,750.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address  <u>Fire Safe Protection Service</u> <u>1815 Sherwood Forest Street</u>  <u>Houston</u> <u>TX</u> <u>77043</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,500.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address  <u>Grainger</u> <u>3232 Harrisburg Blvd.</u>  <u>Houston</u> <u>TX</u> <u>77003</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,245.55</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address <u>Green Bank</u> <u>4000 Greenbriar</u>  <u>Houston TX 77098</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>line of credit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$84,687.83</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address <u>Gulf Coast Regional Blood</u> <u>1400 La Concha Lane</u>  <u>Houston TX 77054</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,051.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address <u>Healing Air Inc.</u> <u>14502 Hiram Clark Road</u>  <u>Houston TX 77045</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,666.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address <u>Healthland-Omaha</u> <u>1600 Utica Avenue, Suite 300</u>  <u>Minneapolis MN 55416</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$496,832.00</u>



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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address  <u>Hill International, Inc.</u> <u>John Lynd</u> <u>3200 SW Freeway, Ste 2300</u>  <u>Houston TX 77027</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Judgment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$129,600.82</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address  <u>Hour Doc-Holding, LLC</u> <u>4801 Woodway, Suite 210</u>  <u>Houston TX 77056</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,855.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address  <u>Hurricane Glass</u> <u>11000 Gulf Freeway</u>  <u>Houston TX 77034</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$142.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address  <u>IMMUCOR Inc.</u> <u>3700 Mangun Road</u>  <u>Houston TX 77092</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,147.63</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address  <u>INFOLAB Inc.</u> <u>690 Center Street, Suite 301</u>  <u>Herndon</u> <u>VA</u> <u>20170</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,467.60</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address  <u>Innovative Legal Solutions, Inc.</u> <u>2929 Allen Parkway, Suite 2800</u>  <u>Houston</u> <u>TX</u> <u>77019</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$34,293.98</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address  <u>Internal Revenue Service</u> <u>P.O. Box 7346</u>  <u>Philadelphia</u> <u>PA</u> <u>19101-7346</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$133,429.67</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address  <u>JB's Carpet Cleaning</u> <u>2313 W. Sam Houston Pkwy N., Suite 131</u>  <u>Houston</u> <u>TX</u> <u>77043</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$190.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address  <u>JC Electirical Service</u> <u>630 Westfield Lane</u>  <u>Friendswood TX 77546</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$950.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address  <u>Krames Staywell, LLC</u> <u>780 Township Line Road</u>  <u>Yardley PA 19067</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,289.04</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address  <u>Kuhn Digital, LLC</u> <u>13519 Pinerock Lane</u>  <u>Houston TX 77079</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$27,695.17</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address  <u>Kwik Kill Exterminators of Texas</u> <u>715 E. Tidwell Road</u>  <u>Houston TX 77022</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,745.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address  <u>Laboratory Corp of America</u> <u>Johnson Legal Network, PLLC</u> <u>535 Wellington Way, Suite 380</u>  <u>Lexington</u> <u>KY</u> <u>40503</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$60,805.34</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address  <u>Lanetta Sparks</u> <u>c/o John A. Elmore</u> <u>3033 Fannin, Suite 101</u>  <u>Houston</u> <u>TX</u> <u>77004</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$275,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address  <u>Liberty Office Products</u> <u>8744 Westpark Drive</u>  <u>Houston</u> <u>TX</u> <u>77063</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,519.78</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address  <u>Lyons Supermarket Corp.</u> <u>c/o Trang Q. Tran</u> <u>Tran Law Firm</u> <u>440 Louisiana, Suite 590</u> <u>Houston</u> <u>TX</u> <u>77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$132,194.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address  <u>Machine Ice Company</u> <u>8915 Sweetwater Lane</u>  <u>Houston TX 77037</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$420.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address  <u>Matheson Tri-Gas</u> <u>2200 Houston Avenue</u>  <u>Houston TX 77007</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,361.07</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address  <u>McKesson Medical-Surgical, Inc. Successor</u> <u>4345 Southpoint Blvd</u>  <u>Jacksonville FL 32216</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods Sold</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,930.77</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address  <u>Medical Programs Inc.</u> <u>c/o Thomas Herter</u> <u>Clark Hellen &amp; Herter, P.C.</u> <u>6300 Hillcroft, Suite 300</u> <u>Houston TX 77081</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$111,073.00</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.65</div> Nonpriority creditor's name and mailing address  <u>Mita Salvosa</u> <u>6934 Kamiah Ct</u>  <u>Houston TX 77040</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,668.76</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.66</div> Nonpriority creditor's name and mailing address  <u>Mitel Technologies</u> <u>10603 W. Sam Houston Pkwy., Suite 400</u>  <u>Houston TX 77064</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$315.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.67</div> Nonpriority creditor's name and mailing address  <u>MOD Space Storage</u> <u>10604 Wallisville Road</u>  <u>Houston TX 77013</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,494.42</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.68</div> Nonpriority creditor's name and mailing address  <u>Morad A. Nashed</u> <u>17211 Sandestine Dr.</u>  <u>Huston TX 77095</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services Performed, Vacation and Unpaid Time</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,174.75</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.69</div> Nonpriority creditor's name and mailing address  <u>Nexus Disposal, LLC</u> <u>6131 Thomas Road</u>  <u>Houston TX 77041</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,248.68</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.70</div> Nonpriority creditor's name and mailing address  <u>Office Depot, Inc.</u> <u>6600 North Military Trail</u>  <u>Boca Raton FL 33496</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,372.06</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.71</div> Nonpriority creditor's name and mailing address  <u>OGH Service Company</u> <u>3730 Creekmont Drive</u> <u>Houston, Texas</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,226.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.72</div> Nonpriority creditor's name and mailing address  <u>Olshan Lumber Company</u> <u>2600 Commerce Street</u>  <u>Houston TX 77003</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$626.20</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.73</div> Nonpriority creditor's name and mailing address  <u>Otis Elevator Company</u> <u>Attn: Treasury Services</u> <u>POB 109615 M/S 715-02</u>  <u>Palm Beach Gardens</u> <u>FL</u> <u>33410</u>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Elevator Service &amp; Equipment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$11,045.51</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.74</div> Nonpriority creditor's name and mailing address  <u>Pension Benefit Information</u> <u>711 Grand Avenue</u>  <u>San Rafael</u> <u>CA</u> <u>94901</u>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$165.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.75</div> Nonpriority creditor's name and mailing address  <u>Pete's Welding Service</u> <u>711 Pearl Street</u> <u>Houston, Texas</u>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$150.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.76</div> Nonpriority creditor's name and mailing address  <u>Pitney Bowes, Inc.</u> <u>27 Waterview Dr.</u> <u>3rd Fl</u>  <u>Shelton</u> <u>CT</u> <u>06484</u>  Date or dates debt was incurred _____ Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods Sold</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,248.09</u>



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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.77</div> Nonpriority creditor's name and mailing address  <u>Pitney Bowes, Inc.</u> <u>27 Waterview Dr.</u> <u>3rd Fl</u>  <u>Shelton</u> <u>CT</u> <u>06484</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Goods Sold</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,200.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.78</div> Nonpriority creditor's name and mailing address  <u>Shashikant Shah</u> <u>15602 Tarpon Springs Ct.</u>  <u>Houston</u> <u>TX</u> <u>77095</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unpaid Payroll</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,567.37</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.79</div> Nonpriority creditor's name and mailing address  <u>State of Texas</u> <u>c/o Scot Clinton Assistant Attorneys Gen</u> <u>Consumer Protection &amp; Public Health Divi</u> <u>808 Travis, Suite 300</u> <u>Houston</u> <u>TX</u> <u>77002</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$20,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.80</div> Nonpriority creditor's name and mailing address  <u>STM &amp; Associates Architects, LLC</u> <u>c/o Kevin Michael Madden, PLLC</u> <u>5225 Katy Freeway, Suite 520</u>  <u>Houston</u> <u>TX</u> <u>77007</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Judgement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$188,149.81</u>

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.81</div> Nonpriority creditor's name and mailing address <u>Stryker Medical</u> <u>Lori Purkey, Purkey and Assoc., PLC</u> <u>5050 Cascade Rd, SE, Ste. A</u>  <u>Grand Rapids</u> <u>MI</u> <u>49546</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Sale of Goods</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$289,162.88</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.82</div> Nonpriority creditor's name and mailing address <u>Surgical Medical Solutions</u> <u>3131 McKinney Ave</u> <u>Suite 600</u>  <u>Dallas</u> <u>TX</u> <u>75201</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services rendered</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$668,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.83</div> Nonpriority creditor's name and mailing address <u>Texas Attorney General's Office</u> <u>PO Box 12548-MC008</u>  <u>Austin</u> <u>TX</u> <u>78711</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Restricted Charitable Funds</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.84</div> Nonpriority creditor's name and mailing address <u>Texas Department of Public Safety</u> <u>5805 North Lamar BLVD - MSC0220</u>  <u>Austin</u> <u>TX</u> <u>78752</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Unsupported and noncompliant use of funds</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,894,114.00</u>

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Amount of claim

**3.85** Nonpriority creditor's name and mailing addressTexas Health and Human Services Comm.4900 North Lamar BLVDAustin TX 78751

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Unsecured Debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$1,151,961.74**3.86** Nonpriority creditor's name and mailing addressTexas Health and Human Services Comm.4900 North Lamar BLVDAustin TX 78751

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Medicaid Disproportionate Share Hospital Program

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$731,826.00**3.87** Nonpriority creditor's name and mailing addressThe Aldridge Law Firm7529 Olympia Dr.Houston TX 77063

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Attorney Fees

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$139,220.00**3.88** Nonpriority creditor's name and mailing addressU.S Department of Health and Human Srvc.Centers for Medicare and Medicaid ServcThe Public Ledger Building150 S. Independence Mall West, Suite 216Philadelphia PA 19106

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Medicare Overpayment

Is the claim subject to offset?

- ☒ No  
☐ Yes

\$3,499,109.84

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.89</div> Nonpriority creditor's name and mailing address  <u>Walter D. Davis, CPA</u> <u>PO Box 36466</u>  <u>Houston TX 77236</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Services Rendered</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.90</div> Nonpriority creditor's name and mailing address  <u>Wells Fargo Bank, N.A.</u> <u>PO Box 45038 MAC Z3057012</u> <u>Jacksonville, FL 322325038</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Deposit Demand Account</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$624.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.91</div> Nonpriority creditor's name and mailing address  <u>Wittaker General Medical</u> <u>c/o Jon D. Totz</u> <u>Lapin Totz &amp; Mayer</u> <u>1415 Post Oak Park Drive</u> <u>Houston TX 77027</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Unsecured Debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,441.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.92</div> Nonpriority creditor's name and mailing address  <u>WTI Group LLC</u> <u>2215 Dorman Court</u>  <u>Katy TX 77494</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Money Loaned</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$86,800.00</u>

Debtor Riverside General Hospital, Inc.Case number (if known) 16-30603**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$6,712,656.35

5b. Total claims from Part 2

5b. + \$26,034,633.85

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$32,747,290.20